

# Transition of Care Guide

## *A Guide for Community Support Providers to Facilitate Safe Transitions from the Hospital or Long Term Care Facility to Home*

The following questions are provided to assist community support providers, service coordinators, and health care decision makers in obtaining the information needed to promote safe health care transitions from the hospital or long term care facility to the home setting for individuals with developmental disabilities.

This document is not meant to replace the discharge summary or medication reconciliation form.

### Health Conditions

- 1. Do you understand the individual's health conditions?
  - A. Reason for hospitalization
  - B. Past health conditions
  - C. New diagnoses
- 2. Do you understand signs of health problems to watch for after discharge?
  - A. Specific signs of health problems
  - B. Health problems requiring immediate medical evaluation
- 3. Do you have the names and contact information for the physician/health care provider to notify if problems occur?
- 4. Were there any cognitive or functional changes that occurred during hospitalization?
- 5. Does the individual have any open skin areas? If yes, have you:
  - A. Inquired about the extent of the problem and ordered treatments
  - B. Determined how long the open areas have been present
  - C. Requested to see the affected areas
  - D. Obtained measurements of wounds
  - E. Obtained the results of wound cultures, if drainage is present

Notes: \_\_\_\_\_  
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### Discharge Instructions

- 6. Do you understand the discharge instructions?
  - A. Special treatments (i.e. dressing change, respiratory treatments)
    - 1. Identified who will perform the treatments
    - 2. Ensured the person has been informed of the treatment procedure
    - 3. Understand the frequency of the treatments
    - 4. Initiated the process to obtain treatment supplies/equipment
  - B. Physical activity level
    - 1. Understand the mobility precautions and supervision level needed
    - 2. Understand the proper use of any assistive device/equipment (walker, cane, shower chair, etc.)
      - a. Obtained a physician order for new medical device/equipment needed for the home
      - b. Obtained a prior authorization if needed
      - c. Understand the type and purpose of equipment owned by/ordered for the individual
      - d. Planned for all necessary staff to be trained on the proper use of the equipment
      - e. Know who will order the equipment
      - f. Know the primary vendor name and number
      - g. Know who will deliver the equipment
    - 3. Inquired about any special positioning or transfer protocols

## Discharge Instructions Continued

4. Know when home activities can be resumed and at what supervision level
  5. Know when the individual can return to usual activities (i.e. day program or work) and at what supervision level
  6. Have copies, or a plan to obtain copies, of written orders, if physical, occupational, and/or speech/language evaluation/therapy have been ordered
- C. Special diet
1. Understand the type, consistency or amount of food or fluids
  2. Know the time of the individual's last meal
  3. If tube feedings or supplements have been ordered:
    - a. Know the type/time of feeding
    - b. Arranged for the delivery of equipment to assist eating
    - c. Arranged for mealtime supports to be done by trained staff

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## Medications

7. Have you reviewed the prescription medication plan with the nurse or physician?
- A. Do you:
1. Understand the name, purpose, dose, frequency, and potential side effects of all current medications
  2. Know who to call if you have questions
  3. Know how to obtain the new medications
  4. Know when the next doses of the medications are due
- B. Have you conducted a medication reconciliation, comparing pre-hospital medications with medications given during the hospitalization and understand which of these medications should be continued in the home?

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## Home Staffing Needs

8. Are there any changes that are required related to the home staffing needs of the individual?
- A. If yes, have you notified residential staff of the new requirements and how individual's health condition will impact their care needs
  - B. Confirmed that staffing has been arranged
  - C. Issued requests for staffing changes to DDA and/or DC Health Care Finance

Notes: \_\_\_\_\_

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## Follow-Ups

9. Do you know if any medical tests done during the hospital are still pending results (i.e. labs, x-rays, EKG, scans, MRIs, etc.)?
- A. How to obtain the results
  - B. Who will be sent the results
  - C. When will results be available
  - D. Have the necessary "release of information" forms been signed to obtain the copies/results of tests performed in the hospital?
10. Do you know what medical appointments and tests will be needed in the coming weeks?
- A. Do you:
1. Know when medical appointments need to be scheduled
  2. Have the contact numbers to schedule the appointments
- B. Do you:
1. Have the appropriate referrals/orders for diagnostic testing to be completed
  2. Know the name and purpose of the recommended tests
  3. Know when and how to schedule the tests
  4. Have the contact numbers to make the arrangements

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## Behavioral Supports

- 11. Have psychoactive medications been prescribed for a psychiatric or behavioral issue? If yes, has there been a recent change in the prescribed medication?
- 12. Have updated prescription or related physician orders been provided to the individual at the time of discharge?
- 13. Are there specific side effects of psychoactive medications that need to be monitored?
- 14. Are there routine medical assessments (i.e. blood levels) that need to be scheduled due to the prescribed psychoactive medication?
- 15. Does the individual have an existing, modified, or new behavior support plan?
- 16. Has staff been trained on the implementation of the behavior support plan?

Notes: \_\_\_\_\_  
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## Discharge Instructions/Questions

- 17. Have you received a copy of the discharge instructions?
- 18. Did you participate in medication reconciliation with the nurse/physician, and have received a copy of this document?
- 19. Are you able to fully understand the written instructions?
- 20. Do you have a list of those present at the discharge meeting?
- 21. Are there any questions that you still have for the nurse/physician?

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## Documentation Reminders

- 22. Update the Health Passport with
  - A. New diagnoses
  - B. New and discontinued medications
- 23. Update the Health Management Care Plan with:
  - A. New diagnoses
  - B. Resolved issues
- 24. QMRP and Nurses write a "summary note" or "progress note" regarding hospitalization, and document that discharge recommendations are being implemented and followed.
- 25. RNs complete and document a nursing assessment upon return to the residence.

Notes: \_\_\_\_\_  
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3300 Whitehaven Street NW, Suite 3300, Washington, DC 20007